

Department of Public Administration

Conference Travel Support

Name:	
Email Address :	
Name of Conference:	
_ocation:	Dates:
Name of Paper/Presentation:	
Estimated itemized costs: \$	
Registration fee, airfare, lodging, meals, etc.]	
I agree to complete the conference paper the conference.	work and present research to the Department of Public Administration before
I agree to submit all receipts and docume	nts for reimbursement after the conference within 30 days.
 Please submit completed form topa@lsu.edu with formal I	etter or email to document proposal was accepted by the conference.